

Below are a 11 answers regarding the "Exchange". The original question has been pasted for your reference. Thank you for the opportunity.

1. Should Illinois establish a dual market for health insurance coverage or should it eliminate the external individual market and require that all individual insurance be sold through the Exchange? What would be the effects of doing so? Answer: A single market, the Exchange, would better publicize, for comparison, all the individual insurance offerings. This has more control than requiring insurance companies to update a system each time changes are made which could be quite often. Realistically, changes in the beginning will be made quite regularly while insurance companies identify what word with new laws and competing companies. Competition will not be lost and one central location will be available rather than shopping around. A single Exchange for which the individual and / or companies can easily shop for and identify products that better suit their needs is best. In essence, a shopping mall of insurance companies.

2. What other mechanisms to mitigate "adverse selection" (i.e. requiring the same rules for plans sold inside and outside of the Exchange) should the state consider implementing as part of an Exchange? Answer: This will be difficult to do (see #1 above). Having a dual market can cause difficulties in both tracking and implementation. This adds too much human element into the equation as there will be a need to monitor individual companies and ensure that these companies update the Exchange with information offered / made public outside the Exchange. Keep It Simple!

3. What rules (if any) should the State consider as part of establishing the open enrollment period? Answer: Open enrollment should fit current acceptable open enrollments most corporations use. Illinois should employ an open enrollment period once a year for renewals, for changes in job status, change of insurance plans, and marriage / death. In addition, open enrollment should be for a three month period due to population size and the multiple applications. Open enrollment needs to be at a different time then standard open enrollment periods for most insurance companies to lessen workload during a particular time frame of the year. If enrollment was missed there should be a small fee for missing the open enrollment and then a 1 month forgiveness period for enrolling after which only due to hardship or other extenuating circumstances.

4. The ACA requires states to adopt systems of risk adjustment and reinsurance for the first three years of Exchange operation. How should these tasks be approached in Illinois? What are issues the State should be aware of in establishing these mechanisms? Answer: Pool descriptive data regarding high risk areas with respect to: geography, age, gender, race, crime areas, etc. Once data is collected mandate a percentage each insurance company will have to cover for each category. Risk adjustments can be related to proximity to industrial areas, high / low crime areas, high / low STD areas, etc.

5. What should the Illinois definition of small employer be for initial Exchange participation in 2014? Answer: Companies with 30 employees or less generally should not require employee coverage. However, companies under 30 employees should require coverage based on degree of hazard associated with that job. OSHA guidelines on job hazard should serve as a guideline. Ex.

A company selling shoes with 30 or few employees should not require coverage but a company involved in asbestos removal should have some degree of coverage aside from workman's compensation.

6. Should Illinois consider setting any conditions for employer participation in the shop Exchange (e.g. minimum percent of employees participating, minimum employer contribution)? Answer: Companies participating should receive some percentage of credit / deduction off of taxes. Companies participating that are not required to (see #5 above) should receive a slightly higher percentage of credit / deduction off of taxes compared to mandated participating companies.

7. Should Illinois consider creation of separate, regional exchanges for different parts of the State? Should Illinois consider a multi-state Exchange? Answer: Yes, first an internet site needs to be available. Regional Exchange offices can be made a part of each district. Public transportation dedicated to regional Exchange needs to be available to ensure citizens can reach these regional Exchange offices. At first intrastate Exchange needs to be managed and evaluated before entering the difficulties of interstate Exchanges. Yes, eventually a multi-state (interstate) Exchange would increase competition.

8. Should the State consider a separate funding source for maintaining state benefit mandates? If so, what are some options? Answer: Yes, increase taxes on items known to be hazardous to the health and welfare of people. Examples are: Tobacco, Alcohol, Weapons, Ammunition, Vehicle inspection, etc.

9. How should the Exchange coordinate operations and create a seamless system for eligibility, verification and enrollment in the Exchange, Medicaid, the Children's Health Insurance Plan (CHIP), and perhaps other public benefits (food stamps, TANF, etc.)? Answer: Exchange can be coordinated via Department of HHS at regional offices (see #7 above)

10. What will maximize coordination between Medicaid as a public payer and insurance companies as private payers offering health insurance on the Exchange in their provider networks, primary care physicians ("medical homes"), quality standards and other items? Answer: Medicaid and Medicare need to make their covered items easily accessible to consumers via internet, literature, and realistic phone centers. This needs to be extremely transparent. For instance, a line-by-line description of what is covered, the percent of coverage, deductibles, amounts allowed / payable, mandatory pre-procedural test, exams, diagnosis, etc. needed or limited before the next step is permitted, outcome based goals, resources for evidence based practice, etc.

11. Should Illinois establish a "Basic Health Plan"? If so, what should be included in such a plan? Specifically, what does a "basic health plan" offer as a tool to facilitate continuity of coverage and care? Answer: Yes, a Basic Health Plan needs to include at a minimum coverage for prevention, screening, immunizations, basic level interventions, specialist intervention, Emergency interventions, Life threatening surgical interventions, Hospitalization for emergent interventions, cover medications used to treat the leading causes of death in the US, prorate medication coverage (eg. 0-3 meds full discount, 4th to 6th med 25% coverage, more than 6

meds 75% coverage), cover generic medications only, offer incentives to providers for home based care (decreased number and length of hospitalizations). Offer supplemental insurance to cover slightly more.